PRINTED: 07/16/2010 FORM APPROVED

ND PLAN OF CORRECTIO	CIES IN	(X1) PROVIDER/SUPPLIER/CLIA (X2) N IDENTIFICATION NUMBER: A. BUI			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G221	B. WIN	G_		07/0	0/0040	
NAME OF PROVIDER OR S	BUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 639 ROXANNA ROAD, NW VASHINGTON, DC 20012	0770	<u>2/2010 </u>	
(X4) ID PREFIX (EA TAG REG	CH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI	x	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HDULD BE	(X5) COMPLETI	
W 000 INITIAL C	OMMENTS		W	000	The administration at MarJul Ho recognizes the importance of ex	mes	7/23/1	
30, 2010 to clients was females we disabilities. While assessystem, the where Client of the client of the client of the client of the incident and the incident.	through July is selected from ith varying do it. The sessing the faction is the surveying the surveying the internal lied shortly and its or to the it to the SSA, and on July 1, its selected from its selected sugar and its shortly and it	was conducted from June 2, 2010. A sample of three of a population of five egrees of intellectual cility's incident managment earn reviewed an incident ansported to a local from for evaluation after any well and having and a low blood pressure, investigation revealed that iter arriving to the to the nature of this facility's failure to report an investigation 2010 and was completed			policy, budget, and operating dir facility. Because we recognize the extensive training for all staff, we a Quality Assurance/Training Spawill coorindate and monitor all remandated trainings. To further eather health and safety of our indivagency has hired a new Director who will oversee all medical policy procedures and decisions. A new Care Physician has been hired to treat all medical needs of the indit to communicate with the Director Nursing. In addition, we are in the updating our policy and procedurall of our efforts are being put in the highest quality of care for the served by MarJul Homes.	ection over the ne need for have hired ecialist, who quired and insure iduals, the of Nursing by and v Primary o oversee and ivudals and of e process of es manual.		
fundamenta in the area on July 1, 2 review the Condition of Services ar The extensi facility's nur serious thre The agency Nursing (DC approximate Jeopardy (L was lifted la p.m., after the action to add	al process; he healthcare, to healthcare, to 2010, at approfacility's level of Participation de Client Protection led to the sing practice at to clients rate to clients rate 200, were not bely 2:23 p.m. If the that day, the facility subdress the clients the clients of the cli	n was initiated utilizing the owever, due to concerns the process was extended eximately 12:50 p.m., to of compliance in the in (CoP) for Health Care ection. determination that the posed an immediate and residing in the facility, tor and the Director of fied on the same at of the Immediate realth and safety. The IJ at approximately 7:40 imitted a credible plan of int's immediate, short		ı	PERNMENT OF THE DISTRICT O DEPARTMENT OF HEALT IEALTH REGULATION ADMINIS 5 NORTH CAPITOL ST., N.E., 2N WASHINGTON, D.C. 2000	H TRATION		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 513L11

Facility ID: 09G221

If continuation sheet Page 1 of 27

OTATEMEN I						OMB	<u>NO. 0938-039</u> 1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLI LDING	E CONSTRUCTION	(X3) DATE :	SURVEY
		09G221	B. WIN	IG			//02/2040
MARJUL	ROVIDER OR SUPPLIER HOMES		-	163	ET ADDRESS, CITY, STATE, ZIP CODE 19 ROXANNA ROAD, NW ISHINGTON, DC 20012	0/	<u>//02/2010</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 000	Continued From page	1	W	000	<u> </u>		
	term and long term sa	fety outlined below:					
	A Management of Protocol describing in instructions will be det Staff training on ab Medical Emergencies immediately.	structions for emergency veloped immediately.					
: 	•			1			
! 	Medical Emergencies with the first training to As of 7:35 p.m. on 7/1, trained on this protoco	ned on Management of Protocol within 24 hours begin today (7/1/2010). /2010 all staff have been I. All staff will be trained					
	weekly x 4 weeks, their quarterly.	n monthly x 4, then		İ			1
	duty and will receive to demonstrate competer (7/2/2010) prior to retul Pre / Post test will be a	een removed from active aining and be required to					
	a. Management of Eme	ergency Medical Conditions					
 - 	b. Assessment of Medi Conditions	cal Status, Abnormal					
	c. Identifying an Emerg	ency	i	İ			
	d. Notification / Follow l	Jp of Emergencies	 				
6	e. Documentation						
	5. A monitoring tool will	be developed and		j			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE		1
			A. BUI	LDING	COMPL	LEIED	
		09G221	B. WIN	G	07	7/02/2010	
	PROVIDER OR SUPPLIER - HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012		102/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	-
W 000	implemented to ensur follow up services are documented. Monitor every other day and b /completion is demons 6. Health Managemel reviewed / updated an occur within 72 hours. 7. A Policy establishir individuals with change occur within 24 hours (stability) will be impled The findings of the sur observations, interview the home and at one direview of client and ad including incident repo was deemed in non-co Conditions of Participa Protections and Health	e that assessments and being completed / ing frequency will begin at e decreased as competency strated. Int Care Plan's will be d training of all staff will Ing RN assessment of all es in medical status to coased on individual's needs mented. In the same of	W	000			
	The governing body me budget, and operating o	ust exercise general policy, direction over the facility.				 	
	and safety of five of five facility. (Clients #1, #2, The findings include: 1. Cross refer to W127.	interview, and record ody failed to ensure ction to maintain the health clients residing in the #3, #4, and #5) The Governing Body tems were designed and		1. The administration at MarJul H recognizes the need for systems to prevent abuse and neglect of the individuals. Agency-wide abuse a trainings will occur on all shifts, m x 4, and quarterly thereafter. See Attachment #3	to be in place he served and nealect	7/23/10	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/16/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPRDPRIATE TAG DEFICIENCY) W 104 Continued From page 3 2. The administration of MarJul Homes will W 104 ensure that all staff are trained on the agency's subjected to neglect. policy-"Safeguarding Individual Funds and 7/28/10 Posessions Policy" The QMRPs and House 2. Cross refer to W140. The Governing Body Mangers will be retrained on the policy. They failed to ensure a system had been implemented to maintain a complete accounting of clients' will then be responsible for training their personal funds. staff. Monthly monitoring by the Executive team will occur on the third Tuesday of the 3. Cross refer to W148. The Governing Body month following the weekly adminstrative failed to promptly notify the client's family meeting. members/legal guardians of injuries of unknown See Attachment #4 origin. 3. Staff will be retrained on the incident 7/27/10 management system. The training will cover Cross refer to W149. The Governing Body the importance of notifying the client's family/ failed to ensure that its incident management guardians, the Department of Health, and policies and procedures were implemented and all other required entities of all incidents and failed to develop policies and procedures to injuries of unknown orgins. address medical emergencies and there by preventing neglect. 4. See W 331 See Attachment #5 7-23-10 5. Cross refer to W153. The Governing Body failed to ensure that all allegations of neglect and 5. See W104. injuries of unknown origin were reported immediately to the administrator and/or the Department of Health, Health Regulation and 7/27/10 Licensing Administration (HRLA) timely. 5 a. The Quality Assurance Specialist will ensure that all incidents are investigated per 5. Cross refer to W154. The Governing Body the company's incident management policy. failed to ensure all incidents were thoroughly Incident Management will now be discussed investigated. at the weekly Administrative Meeting and the Indicent Management Committee will review 6. Cross refer to W331. The Governing Body all incidents monthly for prevention and for facility failed to provide timely and appropriate analyzing the trends. nursing services with posed an immediate risk to Client #1's health and safety.

W 122 483.420 CLIENT PROTECTIONS

The facility must ensure that specific client protections requirements are met.

W 122

See W 331

See Attachment #6

7-23-10

CTATCASCA	IT OF DEFICIENCIES			 	<u>OMB N</u>	<u>10. 0938-0391</u>
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPLI	SURVEY
		09G221	B. WIN	6	_	10010040
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	<u> </u>	STREET ADDRESS OUT/ OT/FE		<u>/02/2010</u>
MARJU	L HOMES			STREET ADDRESS, CITY, STATE, 1639 ROXANNA ROAD, NW		
				WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
W 12:	Based staff interviews facility failed to ensure implemented to maint of clients' personal fur promptly notify the clie guardians of neglect a origin [See W148]; fail incident management were implemented and procedures to add thereby preventing negensure that all allegatiof unknown origin were the administrator and/Health, Health Regular Administration (HRLA) failed to thoroughly inv	not met as evidenced by: and record review, the athat a system had been ain a complete accounting ands [See W140]; failed to ent's family members/legal and injuries of unknown led to ensure that its policies and procedures of failed to develop policies dress medical emergencies glect [See W149]; failed to lons of neglect and injuries are reported immediately to or the Department of tion and Licensing timely [See W153]; and	W1	The administration a recognizes that prace the individuals and e safety are of paramo Policy and proceedu and ongoing training consistent implemen Nursing has develop on 1) Managment of	tices to protect the ensure their health and punt importance. The same been revised in the same been revised in the same been revised in the same been revised in the same been revised for tation. The Director of the same been revised and trained all staff in the same been revised in the same bea	7/1/10
W 127	in the failure of the facilensure their health and 483.420(a)(5) PROTECTION The facility must ensure Therefore, the facility mot subjected to physic psychological abuse or This STANDARD is no Based on interview and	e the rights of all clients. The the rights of all clients are cal, verbal, sexual or punishment. The true as evidenced by: The record review, the facility stems were designed and	 W12 	on 7/1/10 by the Direct	I Neglect was conducted tor of Nursing. Ongoing ining will occur monthly	7-26-10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	J		E CONSTRUCTION	(X3) DATE S		1
			B. WIN	LDING		O O I I I I	-120	
NAME OF	ODOLADAD AN ANIA	09G221	D. VVIIV			07/	02/2010	
	PROVIDER OR SUPPLIER . HOMES		i	163	ET ADDRESS, CITY, STATE, ZIP CODE 39 ROXANNA ROAD, NW ASHINGTON, DC 20012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) RE	(X5) COMPLETION DATE	
W 127	subjected to neglect fincluded in the sample. The findings include:	or one of three clienst e. (Client #1)	w	127		<u> </u>		
W 140	identified an immediate and safety. At approximation facility's administrator that the safety concern provided to Client #1 pieopardy to the other of time of the survey the systems were designed make certain clients with neglect.	was notified by telephone ns of the nursing services posed an immediate dient's in the home. At the facility failed to ensure that d and implemented to ere not subjected to	 W1	40				
	that assures a full and clients' personal funds behalf of clients. This STANDARD is no	lish and maintain a system complete accounting of entrusted to the facility on of the met as evidenced by:	 					
 	facility failed to ensure implemented to maintai of clients' personal func- clients residing in the fa	in a complete accounting	 	en: on Ind The	The administration of MarJul Homes sure that all staff are trained the agency's policy-"Safeguarding dividual Funds and Posessions Policy e QMRPs and House Mangers will be rained on the policy. They will then be	,•• e i	7/2 © /10 x	
ļ	interview with the qualif professional (QMRP) ar	nd review of the client's ed that the facility assisted		res Mo will folk QM at N	sponsible for training their staff, anthly monitoring by the Executive teal occur on the third Tuesday of the mowing the weekly adminstrative meeting at the time of the withdrawal is not maryul Homes. Any unaccounted functioned to the individual's account.	onth ing. The		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	JLTIPLE CONSTRUCTION DING	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		09G221	B. WIN	G			
_	PROVIDER OR SUPPLIER - HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012		<u>)7/02/2010</u>	
(X4) ID PREFIX TAG	' (EACH OEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 140	Review of Client #3's 2, 2010, revealed a w \$300.00. Further rev records failed to prov aforementioned withor Client #3's personal a acknowledged throug on the same day at all At the time of the survensure a complete ac personal funds by prothe aforementioned w 2. Interview with the capproximately at 3:45 #4's financial record, r assisted the client with Review of the Client # was withdrawn from he and 50.00 was withdrawn 7, 2010. Further financial records failed aforementioned withdr Client #3's personal accords failed accord	bank statement dated April vithdrawal in the amount of iew of the client's financial ide receipts for the drawal/expenditure from account. This was the interview with the QMRP approximately 3:35 p.m. vey, the facility failed to accounting of the client's ving evidence that justified ithdrawal. QMRP on July 2, 2010, at p.m., and review of Client evealed that the facility maintaining her finances. 4's records revealed 300.00 er account on April 8, 2010, even from her account on review of the client's to provide receipts for the awal/expenditure from account. This was interview with the QMRP	W1	2. See W 140. 1 Attachment #4		7-26-10	
W 148 	the aforementioned wit 483.420(c)(6) COMMU CLIENTS, PARENTS 8 The facility must notify parents or guardian of a changes in the client's of the content of t	ounting of the client's ing evidence that justified hdrawal. NICATION WITH	 W 14 	See W 104, #3. See Attachment #1		 7-2 1 0	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	/X2\ I/	U a Tic	PLE CONSTRUCTION	- OMB I	<u>NO. 0938-0391</u>	_
	F CORRECTION	IDENTIFICATION NUMBER:				(X3) DATE (i
			A. BU	LDING	<u> </u>	COMPL	ETED	
		09G221	B. WIN	1G				ĺ
NAME OF PE	ROVIDER OR SUPPLIER	-		г		07	/02/2010	
					EET ADDRESS, CITY, STATE, ZIP CODE			
MARJUL	HOMES				639 ROXANNA ROAD, NW			l
(XA) ID	CHMMADY CT	ATEMPT OF BELLEVIOLE	-	_ v	/ASHINGTON, DC 20012			ı
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			<u> </u>		DEFICIENCY)		!	I
W 148	Continued From page	e 7	· \	148			<u> </u>	ł
	pr unauthorized abse			170			I	ľ
			İ					ļ
				ĺ			i.	İ
	This STANDARD is i	not met as evidenced by:						l
!	Based on interview at	nd record review, the facility	i	İ				ĺ
'	failed to promptly noti	ty the client's family	ļ					ĺ
ļ	Origin for one of three	ians of injuries of unknown clients included in the	İ				ļ	l
1	sample. (Client #1)	clients included in the	i :	ĺ				l
	(!			!	
i	The findings include:		i	ĺ				
1				!			ļ	
į	On June 30, 2010, at	approximately 1:45 p.m.,	i	ļ				
	interview with qualified	d mental retardation	I	i				
I	professional (QMRP)	revealed Client #1 had a		ļ			1	
İ	and care.	s involved in her habilitation	i				1	
i	and date.						<u>'</u>	
İ	Review of the facility's	incident reports and	į	ļ				
	corresponding investig	gations on June 30, 2010,					į I	
- 1	beginning at 1:52 p.m.	, and review of Client #1's		ļ				
1	nursing notes on July	1, 2010, at approximately	İ	i			1	
	10.00 a.m., revealed th	ne facility failed to provide		i			i [
	evidence that Client #1	1's legal guardian and/or						
	family members were i following incidents:	made aware of the	i I	İ			i l	
	ionowing moldents.			i			1	
ļ.	- An incident report and	d nursing progress note						
; 0	dated August 3, 2010 r	evealed Client #1 stated to	!				ı	
11	the PM Nurse that she	had fallen out of the van.		i				
1	The nurse assessment	revealed Client #1 had	1				i	
1 1	oroken skin to both of h	ner knees.		!				
	. An incident coned	4	1					
· -	lated October 18, 2009	d nursing progress note	1	į				
	nformed the nurse that	e revealed Client #1 I she had a bruise on her					1	
	stomach. The nurse of	oserved a bruised area on						
t	he lower side of the cli-	ent's abdomen.		i		Ī	1	
						!	1	
			1			i		

STATEMEN	T OF DEFICIENCIES	(X4) DDOI 4DED GUDDU ED 40	T T			OMB	<u>NO. 0938-039</u>	11
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G221	B. WIN	NG_		07/00/0040		
NAME OF F	ROVIDER OR SUPPLIER			ST	IDEET ADDRESS CITY STATE TO SERV	0/	<u>//02/201</u> 0	\dashv
MARJUL	HOMES			ĺ	(REET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	10	<u> </u>				_
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDRE	(X5) COMPLETION DATE	
W 148	Continued From page	8	∫ w	145	9			7
	- An incident report an	nd nursing progress note evealed Client #1 showed hand, 3rd finger which was	"	170			 	
	2010, at approximately that that Client #1's gu	se Coordinator on July 2, y 4:00 p.m., acknowledged ardian was not made prementioned incidents.					 	
	At the time of the surve provide evidence that family members of Clie the aforementioned inc	the legal guardians and/or ent #1 were made aware of			İ			
W 149	483.420(d)(1) STAFF CLIENTS	TREATMENT OF	W1	149				
ļ	The facility must develop policies and procedure mistreatment, neglect of	op and implement written s that prohibit or abuse of the client.	 					
 	failed to establish and/o	I record review, the facility or implement policies to safety for five of five clients	 					
; 	The findings include:		<u> </u>					
	Health (DOH) was notifi incidents (neglect and in	ensure the Department of ied timely of significant njuries of unknown origin) ral regulations and state			See W 331		7-23-10	
	Cross refer to W331. The policies and procedures	ne facility failed to develop to address medical				ı		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE S	
	09G221	B. WING			110010010
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES			TREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012		/02/2010
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
a face to face interview Nursing (DON) on July 1:30 p.m., the DON ac policy had not been de management of medic nor had any emergence describing instructions instructions.	preventing neglect. During we with the Director of 71, 2010, at approximately eknowledged that a written eveloped to address the all emergencies protocol by protocol been developed for emergency	W 145	2. See W 104 #3.		7.26 10 4
their written policies ar of injuries of unknown Cross refer to W153. I incident and investigati 2010, beginning at 1:52 of four incidents of injuries documented in the and incident reports. Creatility's incident reports that the administrator a	ad procedures for reporting origin. Review of the facility's on reports on June 6, 2 p.m., revealed evidence ries of unknown origin that e nurse's progress notes continued review of the s failed to show evidence				7-28-10
Interview with the Nurse conducted on July 2, 20 4:00 p.m. She indicated discovered or were info aforementioned inciden immediately documente incident report form, being Review of the facility's in policy (IMP) on July 2, 2 incidents were categorizand serious reportable in allegations of abuse, ne unknown source were in	of 10, at approximately at a did that staff who witnessed, armed of the ts should have a did the incidents on an a fore the end of the shift. Incident management and into both reportable incidents. Deaths, glect and injuries of				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/16/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 10 W 149 reportable incidents. According to the policy, staff were required to "immediately report" the serious reportable incidents to the case manager, DOH, and the client's parent or guardian for all serious reportable incidents. Incident report forms were to be completed on "all serious reportable incidents" and the incident report was to be forwarded to the DOH within 24 hours. Review of the facility's incident reports; however, revealed that the facility had not notified their administrator and the State agency of incidents, as required. 3. Cross refer to W148. The facility failed to 3. See 104 #3. implement its written policy regarding the notification of guardians and/or family members of serious reportable incidents (i.e. injuries of unknown origin) as evidenced below. On June 30, 2010, at approximately 1:45 p.m., interview with Qualified Mental Retardation Professional (QMRP) revealed Client #1 had a legal guardian that was involved in her habilitation and care. Review of the facility's incident reports on June 30, 2010 at approximately 1:52 p.m. and Client #1's nursing progress notes on July 1, 2010 at approximately 10:00 a.m. revealed the facility failed to provide evidence that Client #1's legal guardian and/or family members of were informed of all significant incident. Review of the facility's incident management policy (IMP) on July 2, 2010, at approximately 4:10 p.m., revealed staff were required to

reportable incidents.

"immediately call" the case manager, DOH, and the client's parent or guardian for all serious

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OMB N	<u>IO. 0938-039</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY
		09G221	B. WIN	IG_			
	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 639 ROXANNA ROAD, NW		02/2010
(X4) ID	SI IMMADV OT	ATEMENT OF DEFICIENCIES			VASHINGTON, DC 20012		
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	9 Continued From page	: 11	w	149			
W 153	4. Cross-Refer to W1 thoroughly investigate (injuries of unknown of their incident manage) Review of the incident at approximately 1:52 nursing progress note approximately 10:00 a of unknown origin were of the incident manage 2010, at approximately agency will provide eviviolations are thorough	54. The facility failed to esignificant incidents origin) in accordance with ment policy. Its reports on June 30, 2010 p.m. and Client #1's son July 1, 2010 at .m. revealed three injuries e not investigated. Review ement policy on July 2, 74:15 p.m., revealed the idence that all alleged ally investigated.	W1		4. The administration of MarJul Hensure that all incidents are invertigated according to the agency's incider policy. All incidents will be thorou investigated within five days. This monitored by the QA Specialist.	stigated it management ghly	7 -23-10
ĺ	The facility must ensure mistreatment, neglect of injuries of unknown solution immediately to the admosficials in accordance established procedures	or abuse, as well as urce, are reported ninistrator or to other with State law through			See W 104 #3 See W 127	 	7-23-10 7-23-10
; ; ; ;	and investigations, the all allegations of neglectorigin were reported immadministrator and/or the Health Regulation and I	review of incident reports facility failed to ensure that t and injuries of unknown mediately to the	 	· 		 	
İ	The findings include:		 				}
	On July 1, 2010, at a the qualified mental reta	pproximately 11:30 a.m., rdation professional					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES					RM APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE S	
		09G221	B. WI	NG_			10010040
NAME OF P	ROVIDER OR SUPPLIER	·	· · · · ·	STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 0/	/02/2010
MARJUL	HOMES			1	639 ROXANNA ROAD, NW VASHINGTON, DC 20012		į
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 153	Continued From page	12	w	153			
	According to incident/ #1 was not feeling we	report dated May 15, 2010. investigative report, Client ll (Vital signs 97.6 - 96 - 20		100	See W 331		7-23-10
; ;	blood sugar level was eat dinner, and had or primary care physiciar the client to be sent to further evaluation. Clithe facility's van to the	report revealed the client's elevated, she refused to the brown liquid stool. The thin was called and ordered the emergency room for ent #1 was transported via emergency room. Shortly the regency room, Client #1					
İ	review of a nursing pro 17, 2009, revealed scrupper right arm etiolog Nurse Coordinator (NC	n., revealed that she was incident (scratches) to	 		2. See W 104 #3.		7-23-10-4
:	30, 2010, beginning at	report log book on June approximately 1:50 p.m., incident report generated					
١,	There was no evidence injury of unknown origir administrator and DOH	the facility reported the immediately to the					7.4.104
1 · t	review of a nursing prog 18, 2009 revealed Clier that she had a bruise or	pproximately 10:30 a.m., gress note dated October at #1 informed the nurse on her stomach. The nurse as on the lower side of the			3. See W 104#3.		1-2-1001

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G221	B. WIN	NG	·	0.7	10210040
MARJUL	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 639 ROXANNA ROAD, NW VASHINGTON, DC 20012	0//	02/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BF	(X5) COMPLETION DATE
!	client's abdomen. Interpretation of the survey however located in the incident on June 30, 2010. On July 2, 2010, at approceed to HRLA. The interpretation of the nurse and the qual professional were the incident. There was no evidence injury of unknown original administrator and DOF	erview with Nurse July 2, 2010, at m., revealed that an incident for this incident. At the time r, there no incident report report log book reviewed proximately 6:14 p.m., an October 18, 2009, was ncident report revealed that lifted mental retardation only staff notified of the e the facility reported the in immediately to the	W	153			
 	review of a nursing pro 2010 revealed Client # her left hand, 3rd finge Interview with Nurse C 2010, at approximately an incident report was At the time of the surve incident report located book reviewed on June On July 2, 2010, at app incident report dated Ap HRLA. The incident repurse and the qualified professional were the oncident.	agress note dated April 10, 1 showed the PM nurse r which was bruised. coordinator (NC) on July 2, 4:10 p.m., revealed that generated for this incident. By however, there no in the incident report log a 30, 2010. Proximately 6:14 p.m., an oril 14, 2010, was faxed to port revealed that the mental retardation only staff notified of the			4. See W 104 #3.		7-2610

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/16/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CDNSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WNG 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW MARJUL HOMES WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 153 Continued From page 14 W 153 administrator and DOH W 154 | 483.420(d)(3) STAFF TREATMENT OF W 154 i See W 149 #4. 7-23-10 CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate all injuries of unknown origin and/or incidents of neglect, for one of three clients included in the sample. (Client #1) The findings include: On June 30, 2010, at approximately 2:30 p.m., the qualified mental retardation professional (QMRP) stated that facility policies required that all injuries of unknown origin must be investigated. On July 1, 2010, beginning at 10:00 a.m., review of Client #1's nursing progress notes revealed the following injuries of unknown origin: a. Cross refer to W153.3. On July 1, 2010, at approximately 10:20 a.m., review of a nursing progress note dated August 17, 2009 revealed scratches were noted to the upper right arm etiology unknown. There was no evidence that an investigator was conducted related to the injury.

b. Cross refer to W153.4. On July 1, 2010, at approximately 10:30 a.m., review of a nursing progress note dated October 18, 2009 revealed Client #1 informed the nurse that she had a bruise on her stomach. The nurse observed a

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE COMPL	
		09G221	B. WIN	· · · · · · · · · · · · · · · · · · ·	_	
MARJUL	ROVIDER OR SUPPLIER HOMES			STREET ADDRESS, CITY, STATE, ZIP O 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012		<u>//02/2010</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 159	abdomen. There was investigaton was conditive to the injury. C. Cross refer to W153 approximately 10:30 a progress note dated A Client #1 showed the Gard finger which was be evidence that an invest related to the injury. Interview with the Nurs 2010, at approximately she was not able to loc for the above aforement 483.430(a) QUALIFIED RETARDATION PROFE Each client's active treatintegrated, coordinated qualified mental retardation profession of three clients in Client #2) The finding includes:	wer side of the client's in no evidence that an flucted related to the injury. 3.5. On July 1, 2010, at it.m., review of a nursing ipril 10, 2010 revealed evening nurse her left hand, or issed. There was no stigaton was conducted be Coordinator on July 2, 4:00 p.m., revealed that exate investigative reports intioned incidents. MENTAL ESSIONAL atment program must be and monitored by a ation professional. It met as evidenced by: interview and record I to ensure the qualified essional (QMRP) and monitored services, included in the sample. The facility's QMRP failed was provided with abled the employee to	W15	The management of MarJul that the QMRPs will coordin monitor services to all indivivil be monitored by the Qua Specialist to ensure that all able to perform their duties efficiently, and competently.	ate, integrate, and duals. The QMRPs ality Assurance employees are	7-21-10

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/16/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB ND. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT DF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 159 Continued From page 16 W 159 and competently. 483.430(e)(1) STAFF TRAINING PROGRAM W 189 W 189 All staff will be retrained by the nutriitionist on implementing mealtime protool and each specific The facility must provide each employee with individuals diet competently. Monitoring will be initial and continuing training that enables the provided by the House Manager and the QMRP. employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure staff two of four direct care staff on duty were effectively trained on implementing Client #2's mealtime protocol. (Staffs #6 and #9) The finding includes: On 6/30/10, at 5:34 p.m., observations of the dinner meal revealed Client #2 completed 100% of her food and beverage which consisted of baked turkey, sweet potatoes, turnip greens, pear halves, bread, and beverage. At 5:37 p.m., Client #2 was observed scrapping her plate/bowl

for more food while Staff #6 sat right next to her and Staff #9 sat directly across from her. At no time did Staff #6 or #9 offer seconds to Client #2.

Interview with Staffs #6 and #9 on the same day at approximately 5:45 p.m., revealed that they both had received training on food preparation and all mealtime protocols.

Review of Client #2's current physician's orders dated June 2010, on July 1, 2010, at approximately 2:30 p.m., revealed Client #2 had a diagnosis of history of weight loss. Further review of the physician's orders revealed Client #2 was prescribed a "regular diet - increase fiber - bite

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	OMB (X3) DATE COMP	
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NAME OF I	PROVIDER OR SUPPLIER	09G221			0;	7/02/2010
	- HOMES			STREET ADDRESS, CITY, STATE 1639 ROXANNA ROAD, NW WASHINGTON, DC 2001.		
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W 189	Continued From page	17	W	89	· · · · · · · · · · · · · · · · · · ·	
	sized pieces - offer se	conds".				
W 318	on July 2, 2010, at apprevented that all staff provided that all staff provided training on May 30, 20 that training had been 483.460 HEALTH CAF	nad received nutritional 10. There was no evidence effective. RE SERVICES	 wa	18 See W 331 See Attachment #6		 7-23-10
 	Based on interviews ar failed to ensure that sy implemented to make a subjected to neglect [S provide routine testing by the primary care phy failed to provide timely services with posed an #1's health and safety of the results of these systhe demonstrated failunhealth care services. 482.460(a)(3)(iii) PHYS The facility must provide examinations of each of includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations as determined that the street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine screeni examinations are street includes routine	ee W127]; facility failed to as determined riecessary visician [See W322]; and and appropriate nursing immediate risk to Client needs [See W331]. Stemic practices results in e of the facility to provide ICIAN SERVICES TO obtain annual physical ient that at a minimum ng laboratory iined necessary by the	 W 32	5		

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(23) 14	11 11 717	DI E CONOTRI I CONTRI I CONTRI	OMB N	<u>0. 0938-0391</u>
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MARJUL	HOMES				REET ADDRESS, CITY, STATE, ZIP CODE 639 ROXANNA ROAD, NW		
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	TIDNI	
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W 325	0-5				DEFICIENCY)		
VV 320			W	325	The administration of MarJul Home the need for the agency to go in a r	s recognizes	<u> </u>
	railed to provide routin	ne testing as determined			As a result we have hired an extrer	iew direction.	7-23-10
	for one (1) of three (2)	nary care physician (PCP),	ļ	ĺ	competent Registered Nurse who is	s functioning	i
J	sample. (Client#1)	clients included in the		ļ	as our Director of Nursing and we a	ilso have	!
	· campio. (onemar)		1		hired a new Primary Care Physician	who has	
	The finding includes:		I	1	agreed to visit each facility monthly	and to	İ
	1				work very closely with our Director	of Nursina	!
	On July 1, 2010, at ap	proximately 8:00 p.m. ,			to ensure that the individuals served	by MarJul	
	review of Client#1's re	cords revealed a Physician		·	Homes received comprehensive an	d optimal	
	Order Form dated May	2010 in which the PCP	i		healthcare at all times.	•	
	ordered an EKG every	six months (starting	'	i			
	August 20,2008). Fur	ther review of the record	i	ļ			
	. at Georgetown Univers	rom "Division of Cardiology sity Hospital" dated August		ĺ			l.
	5, 2009 which indicate	d that a EKG had been				·	
	performed in April 2009					l	į
				i			
	There was no docume	nted evidence that an EKG				ı	
	had been performed ev	very six months as ordered					- 1
	by the PCP.			i		İ	
	During a face to face in	terview with the Nurse		i		1	
	Coordinator on July 1,	2010, at approximately	!	İ		I	1
	8:30 p.m., she acknowl	edged the finding. She	;				1
ļ	stated the order was in	correct and the facility only		'			
,,,,,,	got EKG's once a year.		ì			İ	1
W 331	483.460(c) NURSING 8	SERVICES	W 33	31]
	The facility must provide	a cliante with mussics		!		i	
;	services in accordance	e clients with nursing	1				1
1	a service and decoration	war den riceus.	!	į		İ	
İ	This Arabers		ļ	!		· 	
1	This STANDARD is not	t met as evidenced by:	i			ļ	ľ
i	failed to provide time!	record review, the facility	İ	į			
	failed to provide timely a services which posed ar	and appropriate nursing				' 	
1	Clients' health and safet	transitionate risk to	1				ľ
	residing in the facility (Clients #1, #2, #3, #4, and		1			
1	#5)			!		i	
							1

A LPN#1/ Supervisor failed to provide nursing services in accordance with changes in Cilent #1's remarkal health status as evidenced by the following: 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; dated May 15, 2010, timed 8.00 a.m., written by LPN#1. The note indicated that the lent deteration for conditional size indicated that the unser work and elethangic. Fasting Blood Sugar 268, Blood Pressure 138/800. Temperature 97.6, Pulse 88, and Respiration 18.1 The note sides indicated that the unser was not evidence that the lent that status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status. During a face to face interview with the see was unable to accurately assess Client #1's mental health status.	STATEMENT	T OF DEFICIENCIES	(24) 500 4050 (315 - 155)				OMB N	<u>0. 0938-0391</u>	
MARJUL HOMES SUMMAY STATEMENT OF REPRESENTING STATES 2P CODE 1538 ROXAMAR AROL NW WASHINGTON, DC 20012 W 331 Continued From page 19 The findings include: On July 1, 2010, surveyors identified an immediate jeopardy to clients health and safety. At approximately 2/23 p.m., the facility's administrator was notified by telephone that the safety concerns of the nursing services provided to Client #1 posed an immediate jeopardy to relient #1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services in accordance with changes in Client # 1 services of a new PCP have been services in accordance with client defined any pain or discomfort, and wanted to stay in bed. The note also indicated that the nurse would encourage fluids and continue to monitor the client. The note indicated that client defined any pain or discomfort, and wanted to stay in bed. The note also indicated that the nurse would encourage fluids and continue to monitor the client. The nurse also documented that the LPN Nurse Coordinator was made aware of the clients health status. There was no evidence that the nurse provided fluids or continued to monitoring the patient. 2. Interview with LPN#1/ Supervisor reveale			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						
SIMMARY STATEMENT OF DEPROCEDED BY FULL TAG SUMMARY STATEMENT OF DEPROCEDED BY FULL TAG SUMMARY STATEMENT OF DEPROCEDED BY FULL TAG SUMMARY STATEMENT OF DEPROCEDED BY FULL TAG PROCEDED TO THE APPROPRIATE DEPROCED BY THE SECULATORY OR LISC IDENTIFYING INFORMATION) W 3311 Continued From page 19 The findings include: The findings include: On July 1, 2010, surveyors identified an immediate jeopardy to clients health and safety. At approximately 22.23 pm., the facility's administrator was notified by telephone that the safety concerns of the nursing services in accordance with changes in Client # 1's mental health status as evidenced by the following: 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client #1's mental health status as evidenced by the following: 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client #1's mental health status. 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client #1's mental health status. 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client #1's mental health status. 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed a nursing note; diated May 15, 2010, timed 8:00 a.m. written by LPN #1. The nursing note reflects that Client fenices the client be incliented that the LPN Nurse Coordinator was made awar			09G221	B. WIN	IG_				
MARJUL HOMES SIMMARY STATEMENT OF DEFICIENCES SIR ROXAMIX ROAD, IN WASHINGTON, DC 20012 PREFIX EACH OPERIOR OF LEGICIENCY MUST BE PRECEDED BY FULL TAG PREFIX EACH OPERIOR OF LEGICIENCY WASTE BE PRECEDED BY FULL TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG W 331 Continued From page 19 Waster and the findings include: On July 1, 2010, surveyors identified an immediate jeopardy to clients health and safety. At approximately 2.23 p.m., the facility's administrator was notified by telephone that the safety concerns of the nursing services in accordance with changes in Client #1's mental health status as evidenced by the following: 1. Review of Client #1's record on July 1, 2010, at approximately 10.00 a.m., revealed an rursing note; dated May 15, 2010, thread 800 a.m. written by LPN #1. The nursing note reflects that Client effects that Client #1's mental health status. The note indicated that the client denied any pain or discomfort, and wanted to stay in bed. The note also indicated that the unswe would encourage fluids and continue to monitor the client. The nurse also documented that the LPN Nurse Coordinator was made aware of the client's health status. The rews no evidence that the nurse provided fluids or continued to monitoring the patient. 2. Interview with LPN#1/ Supervisor revealed that she was unable to accurately assess Client #1's mental health status. Provided and continue to monitoring the patient. 2. Interview with LPN#1/ Supervisor revealed that she was unable to accurately assess Client #1's mental health status. Provided and continue to monitoring the patient. 3. Interview with LPN#1/ Supervisor revealed that she was unable to accurately assess Client #1's mental health status. Provided Architecture and the provided and continu	NAME OF P	PROVIDER OR SUPPLIER			_		07/0	02/2010	
WASHINGTON, DC 20012 PREFIX (PACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) W 331 Continued From page 19 The findings include: On July 1, 2010, surveyors identified an immediate jeopardy to clients health and safety. At approximately 2:23 p.m., the facility's administrator was notified by telephone that the safety concerns of the nursing services in accordance with changes in Client #1's mental health status as evidenced by the following: 1. Review of Client #1's record on July 1, 2010, at approximately 10:00 a.m., revealed a nursing note; dated May 15, 2010, sined \$1.00 a.m. written by LPM #1. The nursing note reflects that Client #1's record on July 1, 2010, at approximately 10:00 a.m., revealed a nursing note indicated that that client derined any pain or discomfort, and wanted to stay in bed. The note indicated that the nurse would encourage fluids and continue to monitor the client's health status. There was no evidence that the nurse provided fluids or continued to monitoring the patient. 2. Interview with LPN#1/ Supervisor revealed that she was unable to accurately assess Client #1's mental health status. W 331 Continued From page 19 W 331 The findings include:	•								
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During a face to face interview with		sne was unable to accu	rately assess Client #1's	ı	-	changing needs of our individual	s has	Į.	
During a face to face interview with approach rather then a reactive approach	!	mentai neaith status.			ı	been instituted to ensure a proac	ctive	- 1	
to providing comprehensive care.		During a face to face to	- december			approach rather then a reactive	approach	ł	
		maning a race to race int	erview with	i	i	to providing comprehensive care	.,]	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) I	II II Tibi 7	CONSTRUCTION		<u>NO. 0938-039</u>	1
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		LDING		(X3) DATE SURVEY COMPLETED		
	09G221	B. WIN	IG				
NAME OF PROVIDER OR SUPPLIER			etbee:	TARRESCO AITA ATTUTA	07	7/02/2010	4
MARJUL HOMES				TADDRESS, CITY, STATE, ZIP CODE ROXANNA ROAD, NW			ļ
MIARJUL HUMES				SHINGTON, DC 20012			1
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID					4
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W 331 Continued From page	e 20	W	331				†
LPN#1/Supervisor or	July 1, 2010, at						Į
approximately 12:40	p.m., it was revealed that					:	ĺ
she was informed by	DCS #1 on May 15, 2010.	1					l
that Client #1 was no	t feeling well. LPN#1	ı				1	
assessed the client b	y taking her vital signs and	1	ļ				ł
getting a blood sugar	. Although	ı	1			i	
LPN#1/Supervisor do	cumented in her nursing	i					l
note on May 15, 2010), that the client appeared	!	i			!	
weak and lethargic, s	he stated that the client was		!			ļ	ı
dient was able to fell	on, place and time. The		İ			1	
look any different the	ow command and did not	į					ſ
look any different than	i normai.	1					l
LPN#1/Supervisor wa	s then asked to define weak	!	i			!	l
and lethargic as writte	n in the aforementioned	1	ļ				l
nursing note. The nu	rse stated that weak meant		į				
" the client would not g	get up " and lethargic		!			!	1
meant "weak".	•	ı					
The second of th		!	i			1	
riflere was no evidence	e that LPN#1/Supervisor	İ	İ			i	
by information obtaine	assess client as evidenced		i				
nursing documentation	o non interview and	İ				1	
	r.	į				1	
3. Interview with LPN a	#1/Supervisor revealed that	1	i				
she failed to inform the	facility's physician of		!			!	
changes in Client #1 m	nental health status as		İ]	
evidenced by the follow			:			·	
		1	ļ				
Although the LPN #1/S	Supervisor documented that	!	į			1	
Client #1's vital signs a	and blood sugar were as		ļ			1	
follows: Temperature 9	77.06, Pulse 88,		İ			1 I	
Respiration 18, Blood (Pressure 138/80 and Blood	[:			<u>'</u>	
Sugar 208, She assess	ed the client as "lethargic,	İ				ļ ,	
weak and indicated that	t the client refused to get	!	1				
client's health status to	to report the change in the		ļ			!	
physician.	the lacility's primary		İ			i	
prij diolari.	ļ		:			<u> </u>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES					RM APPROVED
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	f	IULTIPLE LDING	CONSTRUCTION	(X3) DATE :	
		09G221	B. WII	۱G		0.7	((0.0)00.4.0
MARJUL	PROVIDER OR SUPPLIER HOMES			1639	T ADDRESS, CITY, STATE, ZIP CODE ROXANNA ROAD, NW		//02/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	SHINGTON, DC 20012 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 331	Further interview with acknowledged that she Coordinator (NC) of his physician. There was no docume physician was made at Client #1's mental heat of the client #1's mental heat of the client #1's mental heat of the client #1's upervisor appropriate and adeq Care Support (DCS) to Continued face to face LPN #1/Supervisor into DCS staff to monitor of Client #1 did not eat of interview revealed that on the frequency of how the f	LPN#1/Supervisor he had informed the Nurse her findings, but not the ented evidence that the aware of the change in halth status. failed to provide hate instructions for Direct ho monitor client. He interview, revealed that dicated that she instructed helient and to call the NC if he get out of bed. Further he she did not instruct DCS have often to monitor Client ented evidence that the he DCS staff on signs and hypoglycemic reactions or he as it related to Client#1.	w	331			
!	interview with the Nurs revealed that she failed physician and the Dire						
	a.m., on May 15, 2010 to inform her that Clien and did not want to get told that the client's vita	at approximately 8:00 LPN#1/ Supervisor called t #1 was not feeling well out of bed. The NC was all signs were stable, but ager stick) was elevated.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			——		OMB	NO. 0938-0391	
AND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE (LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
·	·	09G221	B. WIN	₩			
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET	ADDRESS SITE AT A TABLE		/02/2010
MARJUL	HOMES			1639	ADDRESS, CITY, STATE, ZIP CODE ROXANNA ROAD, NW		
·				WAS	HINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION OATE
	#1/Supervisor gave the coverage for the eleval NC did not inform the	ood sugar reading, LPN e routinely prescribed ted blood sugar level. The physician nor was there any	W	331			
	evidence taht the NC of assessment of client #	onducted her own 1 as she indicated.	!				!
ļ !	11:00 a.m. on May 15, DCS member. She wa Client #1 was fine. Sh encourage water and n because of her elevate	ne instructed the DCS to not to give the client juice d blood sugar. There was		 - - -			!
	no documented eviden call or instruction to DC	ce, however, of her phone		İ			
!	C. The facility's nursing acute/emergency nursing acute/emergency nursing Client#1's needs as evi	services failed to ensure ng care in accordance with denced below:	1				
; ; ;	 2010 that LPN #2 ar approximately 5:30 p.m medications. Although, DCS #3 made her awar feeling well, the LPN dic that time, and proceede medications to Client #2 	to administer upon the LPN's arrival, that Client #1 was not d not observe the client at d to administer and Client #3. After the		 			
 	LPN completed the med clients, she went upstair The facility's internal inv DCS #3 noticed at that the sheets were soiled with informed the LPN that it to soil her sheets and the contractions.	lication pass for these two s to check on Client #1. estigation revealed that ime that the client's bed fecal matter. DCS #3 was unusual for the client at she needed medical				 - 	
	nelped to ambulate the (ated that she and DCS #2 Client to the bathroom for indicated that the client ently because of her				 	

STATEME	NT OF DEFICIENCIES	(۷4) DDD) 4355 3			 	OMB N	<u>IO. 0938-039</u>	91
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE LDING	CONSTRUCTION	(X3) DATE SO COMPLE	URVEY	
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NAME OF	PROVIDER OR SUPPLIER	-		T			<u>02/2010</u>	4
MARJU	L HOMES			1639	T ADDRESS, CITY, STATE, ZIP CODE PROXANNA ROAD, NW			
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHO	UIDBE	(X5) COMPLETION	, [
		,	: AG		CROSS-REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE	DATE	١
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** 55	1 Continued From page		W	331			1	1
	unsteady gait. Accor	ding to interviews, both	:				į	
	DCS #2 and #3 stood	on each side of the client	!	1				ſ
	and provided total ass	istance to and from the		i				ł
	bathroom. It should b	e noted that this client had					i	
	been independent witi	n toileting prior to this	:	:			!	1
	incident. The nurse a	ssessed the client 's vital					i	l
	signs and blood sugar	, and then called the Nurse		i			i	
	Coordinator (NC).		!				ļ	1
	2 Dominio		i	1				
	2. During a face to fa	ace interview with the Nurse		1			i	ı
	Coordinator (NC) on J	uly 1, 2010, at		!				1
	approximately 1:00 p.r	n., the NC indicated that	:	i				
	Z-100 = (the	t the client 's condition at	!					1
	the facility to jet and of ,	7:00 is not consistent with	-	i				1
	time to be 6:00 mm.1	estigation that reported the		- 1		!		
	Logil Client #1's abusis	The LPN asked the NC to	1	i				1
	call Client #1's physicia	in because the client	i	ļ				
	NC indicated that LON	tinued not to feel well. The	i	i		I		ı
	vital signs and blood or	#2 reported the client's	:	1		!		ı
	vital signs and blood su	ion 20 block are	I	!		ļ		ł
	97.6, pulse 96, respirat	41 It a bould be seen by	i	į		1		L
	I DN #2 did not room + #	4]. It should be noted that	1	1		:		
	to the NC. The LPN inc	ne client 's unsteady gait	1	!		!		ı
	with surveyors, that alth	ough the client had a	i					
	large liquid brown stool	the client walked	!	1		ı		
	independently to the ha	throom and appeared not		- 1		İ		l
	to be in any distress.	and appeared not		į.				
	i a a m any diotross.		!			i		l
	3. The NC indicated to	hat after she was informed				i		ĺ
	by LPN #2, she contact	ed Client #1's physician		İ			1	
	and reported that the cli	ent was not feeling well		1		1		
	and refusing to eat dinn	er. The physician then				- 1		
	ordered that the client b	e sent to the emergency		ļ			ļ	1
ĺ	room for evaluation. How	Wever, there was no		İ				ı
!	documented evidence o	f the telephone order or				!	ľ	i.
į	NC's conversation with t	he physician The NC						
İ	also could not recall the	time of the telephone		1		1]	
	discussion with the phys	ician. Additionally, there		1				
						i	ı	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ULTIPLE LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G221	B. WIN	IG		07	/02/2010
MARJUL	ROVIDER OR SUPPLIER			1639	T ADDRESS, CITY, STATE, ZIP CODE P ROXANNA ROAD, NW SHINGTON, DC 20012		102/2010
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W 331	arrangements for the the emergency room.	evidence that the NC made client to be transported to [It should be noted that al unsuccessful attempts to	w	331			
	the facility's internal in the NC made arrange van to transport Client The NC was question her decision to transport emergency room utilize instead of calling 911 was a decrease of 20 pressure. She respond only call 911 when the	e QMRP and the review of evestigation revealed that ments for the residential at 11 to the emergency room. The ed by the surveyors as to cort Client #1 to the eight the residential vehicle while knowing that there degree in the client's blood ded by saying, "normally lection is unresponsive, to to the emergency room by					
	Client #1 was supervis during an acute medical during an acute medical and acute medical and acute medical and acute medical and acute medical acute and acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute another facility, could not acute acute another facility, could not acute a	e physician's telephone client to the emergency tered Client #1's evening hen contacted the NC to driver had not arrived to ne Emergency Room. LPN er, who was working at not leave to transport the affing coverage. LPN #2 he was leaving the facility erage so that the driver t the client to the ER. She					
	eft the client without ar	ny nursing or medical					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPLE LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 331	Continued From page supervision or instruction emergency intervention. 2. Interview with the	tion to the staff as to	w	331			
	upon his arrival to the in a chair in her bedro the client's gait was assistance of DSC #2 He further added that assistance to position DCS #3 confirmed the	facility, Client #1 was sitting om. He also revealed that unsteady as he needed the to ambulate her to the van. the staff had to provide the client in the van seat. I driver's observation and was slumped over as DCS					
! ! !	sat quietly on the ride to the hospital, at appr client, needed total as: hospital personnel (2) the wheelchair. The hithat the client presente wheelchair; with blood from her mouth and no painful stimuli. The client room and on a cardiac	tinged vomitus drooling t responding to verbal or					
 -	patient (Client #1) has diarrhea since this am" documented that during get a blood pressure or to the code room placewas started."	Also the triage nurse of triage he was unable to pulse. Patient was rushed don the monitor and CPR alled that CPR was initiated at 9:51 p.m. per a					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE &	MEDICAID SERVICES			· ·	OMB N	O. 0938-0391
STATEMENT DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	ULTIPLE CO	ONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	.DING		COMPLE	TEĐ
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NAME OF PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CDDE		<u> </u>
MARJUL HOMES			1639 R	OXANNA ROAD, NW IINGTON, DC 20012		
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W 331 Continued From page	26	w:	331	-		
the emergency room "According to staff me	the ER document, revealed physician documented ember, patient (Client #1) noe this morning. Patient nout pulse. "					
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The second secon		:				
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Health F	Regulation Administration	<u>n</u>				FO	RM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULT A. BUILDII B. WING	TPLE CONSTRUCTION	(X3) DATE COMPL	.ETED
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	Protocol describing in instructions will be de 2. Staff training on at Medical Emergencies immediately. 3. All staff will be train Medical Emergencies with the first training to As of 7:35 p.m. on 7/1 trained on this protoco weekly x 4 weeks, the quarterly. 4. The Licensed Pract were identified have be duty and will receive to demonstrate competer (7/2/2010) prior to return Pre / Post test will be at	prove Management of Protocol will occur med on Management of Protocol within 24 hour begin today (7/1/2010/2010 all staff have begin today (7/1/2010 all staff will be trained in monthly x 4, then tical Nurses (LPN) that even removed from activationing and be required including and be required including to active status. An administered. The LPN x 4 weeks, then monthly ergency Medical	irs i). eri d d				
į	c. Identifying an Emerg	jency					<u> </u>
:	d. Notification / Follow	Up of Emergericies					
Ì	e. Documentation						
	5. A monitoring tool wi implemented to ensure	il be developed and that assessments and					

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Health Regulation Administration FORM APPROVED								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G221		CLIA ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPL	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		/02/2010		
MARJUL HOMES 1639 RO			XANNA ROAD, NW GTON, DC 20012					
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follow up services are being completed / documented. Monitoring frequency will begin at every other day and be decreased as competency /completion is demonstrated. 6. Health Management Care Plan's will be reviewed / updated and training of all staff will occur within 72 hours. 7. A Policy establishing RN assessment of all individuals with changes in medical status to occur within 24 hours based on individual's needs (stability) will be implemented. The findings of the survey were based on observations, interviews with clients and staff in the home and at one day program, as well as a review of client and administrative records, including incident reports. As a result, the facility was deemed in non-compliance with the Conditions of Participation in the areas of Client Protections and Health care services.								
A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure that a resident with a modified diet had been reviewed at least quarterly by the consulting dietitian, for one of the three residents included in the sample. (Residents #1)		ly to	058					
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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ANO PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETEO A. BUILDI**N**G B. WING 09G221 07/02/2010 STREET ADDRESS, CITY, STATE, ZIP COOE NAME OF PROVIDER OR SUPPLIER 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) 10PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1058 Continued From page 3 1058 The administration of MarJul will ensure that 7-27-10 Review of Resident #1's current physician all consultants complete their contractual orders (POS) dated May 2010, on July 1, 2010, at obligations or the administration will terminate 4:00 p.m., revealed a diet order of 1200 calorie. the contracts. low cholesterol, no added salt, no concentrated sweets, bite size pieces. Further review of the medical record revealed that there was no documented evidence that the dietician had conducted a quartely review of the resident's diet for February 2010. During a face to face interview with the QMRP on July 1, 2010 at approximately 4:30 p.m., the finding was acknowledged. 1090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The administration of MarJul Homes will 7-27-10 This Statute is not met as evidenced by: ensure that the interior and exterior of the Based on observation and interview, the GHMR P facility is maintained n a safe, orderly attractive failed to maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and and sanitary manner. The House Managers sanitary manner. will be retrained on their responsibility and monitored by the QA specialist and the QMRP. The findings include: See Attachment #7 Observation and interview with the facility's House Manager on July 1, 2010, beginning at 11:30 a.m. revealed the following: Exterior: 1. The front walkway was cracked on the upper Repair completed 7-27-10 landing near the front door.

Health Regulation Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WNG 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 See W 331 7-23-10 A recertification survey was conducted from June 30, 2010 through July 2, 2010. A sample of three clients was selected from a population of five females with varying degrees of intellectual disabilities. While assessing the facility's incident management system, the surveying team reviewed an incident where Client #1 was transported to a local hospital's emergency room for evaluation after complaining of not feeling well and having elevated blood sugar and a low blood pressure. A review of the internal investigation revealed that the client died shortly after arriving to the emergency room. Due to the nature of this incident and due to the facility's failure to report the incident to the SSA, an investigation commenced on July 1, 2010 and was completed on July 2, 2010. This survey/investigation was initiated utilizing the fundamental process; however, due to concerns in the area healthcare, the process was extended on July 1, 2010, at approximately 12:50 p.m., to review the facility's level of compliance in the Condition of Participation (CoP) for Health Care Services and Client Protection. The extension led to the determination that the facility's nursing practice posed an immediate and serious threat to clients residing in the facility. The agency's administrator and the Director of Nursing (DON) were notified on the same at approximately 2:23 p.m. of the Immediate Jeopardy (IJ) to client's health and safety. The IJ was lifted later that day, at approximately 7:40 p.m., after the facility submitted a credible plan of action to address the client's immediate, short term and long term safety outlined below: Health Regulation Administration

Health Regulation Administration

lowson LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Executive Director

<u>Health</u>	Regulation Administration	pn				FORM APPROVED		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G221			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY CDMPLETED		
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDI	ESS CITY STAT	T. 7/0.000	07/02/2010		
MARJUL HOMES 1639 RO			1639 ROXA	ADDRESS, CITY, STATE, ZIP CODE DXANNA ROAD, NW IGTON, DC 20012				
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1 000	1 00D Continued From page 1			1 000				
	2. Staff training on ab Medical Emergencies immediately. 3. All staff will be train Medical Emergencies	structions for emergency veloped immediately. Howe Management of Protocol will occur and on Management of Protocol within 24 house begin today (7/1/2010/2010 all staff have beet I. All staff will be trained	rs).					
!	4. The Licensed Pract were identified have be duty and will receive trademonstrate competen (7/2/2010) prior to return Pre / Post test will be a will be trained weekly x 4, then quarterly.	een removed from active ining and be required for the following to active status. A dministered. The LPN'	to					
	a. Management of Eme Conditions	rgency Medical				!		
i !	b. Assessment of Medic Conditions	cal Status, Abnormal						
:	c. Identifying an Emerge	ency						
: 1	d. Notification / Follow し	Jp of Emergencies				!		
1	e. Documentation							
. ; 	5. A monitoring tool will implemented to ensure t	be developed and hat assessments and						

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1000 Continued From page 2 1000 follow up services are being completed / documented. Monitoring frequency will begin at every other day and be decreased as competency /completion is demonstrated. 6. Health Management Care Plan's will be reviewed / updated and training of all staff will occur within 72 hours. 7. A Policy establishing RN assessment of all individuals with changes in medical status to occur within 24 hours based on individual's needs (stability) will be implemented. The findings of the survey were based on observations, interviews with clients and staff in the home and at one day program, as well as a review of client and administrative records, including incident reports. As a result, the facility was deemed in non-compliance with the Conditions of Participation in the areas of Client Protections and Health care services. 1 058: 3502.16 MEAL SERVICE / DINING AREAS 1058 A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure that a resident with a modified diet had been reviewed at least quarterly by the consulting dietitian, for one of the three residents included in the sample. (Residents #1) The findings include:

Health Regulation Administration

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CRDSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1058 Continued From page 3 1058 The administration of MarJul will ensure that 7-27-10 Review of Resident #1's current physician all consultants complete their contractual orders (POS) dated May 2010, on July 1, 2010, at obligations or the administration will terminate 4:00 p.m., revealed a diet order of 1200 calorie, the contracts. low cholesterol, no added salt, no concentrated sweets, bite size pieces. Further review of the medical record revealed that there was no documented evidence that the dietician had conducted a quartely review of the resident's diet for February 2010. During a face to face interview with the QMRP on July 1, 2010 at approximately 4:30 p.m., the finding was acknowledged. 1090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The administration of MarJul Homes will 7-27-10 This Statute is not met as evidenced by: ensure that the interior and exterior of the Based on observation and interview, the GHMR P facility is maintained n a safe, orderly attractive failed to maintained the interior and exterior of and sanitary manner. The House Managers the facility in a safe, clean, orderly, attractive, and will be retrained on their responsibility and sanitary manner, monitored by the QA specialist and the QMRP. The findings include: See Attachment # 7 Observation and interview with the facility's House Manager on July 1, 2010, beginning at 11:30 a.m. revealed the following: Exterior 1. The front walkway was cracked on the upper Repair completed 7-27-10 landing near the front door.

Health Regulation Administration

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) 1090 Continued From page 4 1090 2. There were tree branches observed on the Repair completed 7-27-10 front roof over the door. i 3. The front and rear yard both have bare soil. Sod has been applied to the front and rear 4. Chipping and peeling paint on bottom of the Repair completed 7-27-10 front entrance door. 5. Metal trim on entrance door frame cut and Repair completed 7-27-10 exposed which could cause potential danger to anyone entering the facility through the front door. Rear Exterior of House: 1. The rear cement deck has excessive tree Repair completed 7-27-10 limbs on it, 2. A number of the treas are leaning toward the Trees removed 7-19-10 house and are rotten and have potential to fall on side of house, and there are tree branches on the rear roof over the house. 3. There was observed in the rear and front yard a number of chipmonks, Tinformed animal control of this situation and was informed they pose no threat to the safety of the residents or staff. Interior: 1. In inspecting the attic I found water stained Repair completed 7-27-10 ceiling tiles and blistering pockets. In the attic bathrom there is torn wall paper over the sink, 3. There is a dresser knob, and light cover, and Repair completed 7-27-10 light globe on the ledge over the steps. 4. In Resident #1, bedroom in the rear of the

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1090 Continued From page 5 1090 second floor there are dead bugs on the ceiling Repair completed 7-27-10 5 .In Residents #4 and #5s bedroom the third Repair completed 7-27-10 drawer of the dresser has a piece missing. In the bathroom of the same roomthere are broken veneitan blinds. Caulking around the shower is dirty, and he floor drain has rust around it. Also in there bathroom there is no cup holder or cups. 6.In the Kitchen the freezer is broken and there Repair completed 7-27-10 are no thermostats in the refrigerator or freezer. Hamberger in the refrigerator appears to have been freezer burned and the House was informed that it should be removed. 7.The kitchen light switch does not turn lights on Repair completed 7-27-10 and off, and the light over the sink does not work, and the ceiling light over the stove doeas not work. 8. The first floor bathroom sink water empties Repair completed 7-27-10 9. There is chipping and peeling paint on the wall Repair completed 7-27-10 unthe hood over the stove., and the trash can top is rusty. The House Manager acknowledged the above-cited deficiencies at the conclusion of the environmental survey at approximately 12:30 p. m. 1 165 3507.4(c) POLICIES AND PROCEDURES 1 165 The mariual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and

Health Regulation Administration

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1639 ROXANNA ROAD, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT DF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 1165 Continued From page 6 I 165 procedures for emergency and the death of a See W 331 resident; 7-23-10 This Statute is not met as evidenced by: Based on interview and record review the Group Home for Mentally Retarded Person's (GHMRP) failed to develop policies and procedures which addressed emergency transfer of a resident to the emergency room for an evaulation of an acute illness for five (5) of five (5) resident's. The finding includes: On July 1, 2010 at approximately 11:30 a.m., a face to face interview with the Director of Nursing (DON) revealed that the only emergency policy the group home had a was entitted "Adverse Reaction: Reporting and Follow-up" Review on the aforementioned policy on July 1, 2010 at approximately 12:45 pm, revealed that the policy failed to address an emergency transfer of a resident to the emergency room for an evaulation of an acute illness. There was no documented evidence of an **Emergency Policy addressing** emergency transfer of a resident to the emergency room for an evaulation of an acute illness. (See Federal Deficiency Report Citation W149) 1189 3508.7 ADMINISTRATIVE SUPPORT 1189 Each GHMRP shall maintain records of residents ' funds received and disbursed. This Statute is not met as evidenced by:

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT DF DEFICIENCIES (X4) ID in PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1189 Continued From page 7 1189 Based on staff interview and record review, the GHMRP failed to ensure a system had been implemented to maintain a complete accounting of clients' personal funds, for two of the five clients residing in the GHMRP. (Clients #3 and The findings include: 1. On July 2, 2010, at approximately 3:20 p.m., See W 140-1 7-28-10 interview with the qualified mental retardation professional (QMRP) and review of the client's financial records revealed that the GHMRP assisted the client's with maintaining her finances. Review of Resident#3's bank statement dated April 2, 2010, revealed a withdrawal in the amount of \$300.00. Further review of the client's financial failed to provide receipts withdrawals/expenditures from Resident#3's personal account. This was acknowledged through interview with the QMRP on the same day at approximately 3:35 p.m. At the time of the survey, the GHMRP failed to ensure a complete accounting of the client's personal funds by proving evidence that justified the aforementioned withdrawal. 2. Interview with the QMRP on July 2, 2010, at approximately at 3:45 p.m., and review of See W 140-1 7-28-10 Resident#4's financial record, revealed that the GHMRP assisted the Residentwith maintaining her finances. Review of the Resident#4's records revealed 300.00 was withdrawn from her account on April 8, 2010, and 50.00 was withdrawn from her account on May 7, 2010. Further review of the client's financial failed to provide receipts withdrawals/expenditures from Resident#3's

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;	At the time of the surv	the QMRP on the sam 4:00 p.m. rey, the GHMRP failed counting of the client's ving evidence that justi	to			
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:	certification that a hea performed and that the	all provide a physician	tatus			
	This Statute is not me Based on personnel re interview, the group he retarded person (GHM current health screenin employees (#10) and to psychlogist (#4) and or The finding includes: During a record review House Manager on July 2:30 p.m. revealed that and two consultant staff health screening on file	ecord review and staff ome for the mentally RP) failed to ensure no for one of fourteen wo of six constultants, the LPN (#5). and interview with the y 1, 2010, at approximate a direct care staff (#10) of did not have a current	ately)a) t		CPR, first aid, health screenings and screenings will be completed as cond employment. No one will on the sche without these required documents.	itions of 7-26-10
<u> </u>	Manager at the time of	the record review.	U3E			ļ

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G221 07/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW **MARJUL HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1370 Continued From page 11 1370 persons, serious illness or trauma, and death. This Statute is not met as evidenced by: Based on interview and record review the Group Home for Mentally Retarded Person's (GHMRP)failed to develop policies and procedures which addressed emergency situations including serious illnesses for five (5)pf five (5) resident's. The finding includes: See W 331 7-23-10 On July 1, 2010 at approximately 11:30 a.m., a face to face interview with the Director of Nursing (DON) revealed that the only emergency policy the group home had was entitled "Adverse Reaction: Reporting and Follow-up". Further interview revealed that a written policy had not been developed to address the management of medical emergencies protocol describing instructions for emergency instructions. Review of the aforementioned policy on July 1, 2010, at approximately 12:45 p.m., revealed that the policy failed to address emergency situations related to serious illnesses. There was no documented evidence of an Emergency Policy addressing serious illness. 1379 3519.10 EMERGENCIES 1379 In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within

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nurse was the staff pe	rson notified of the incid	dent.				
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review of a nursing pro 17, 2009, revealed scr upper right arm etiolog Nurse Coordinator (NO approximately 3:50 p.r	m., revealed that she was incident (scratches) to	ist ne with				
30, 2010, beginning at	ent report log book on Ju approximately 1:50 p.n incident report generate	n.,				<u> </u>
There was no evidence injury of unknown original administrator and DOH		the				
4. On July 1, 2010, at a review of a nursing pro 18, 2009 revealed resident she had a bruise of observed a bruised are resident's abdomen. In	gress note dated Octob dent #1 informed the nu n her stomach. The nu a on the lower side of the	er Irse				

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į	PROVISIONS Professional services	shall include both diag	nosis		See W 331		7-23-10
	arid evaluation, includ developmental levels	and needs, treatment					
!	services, and services deterioration or furthe resident.	s designed to prevent r loss of function by the)				i
-		et as evidericed by: nd record review, the Gi etarded Persons (GHM					
<u> </u>		y and appropriate nursi an immeidate risk to					
ļ	The findings include:				!		
		eyors identified an the Residents health a ely 2:23 p.m., the GHM					
	administrator was notice safety concerns of the to Resident #1 posed at	fied by telephorie that the riursing services provider immediate jeopardy	he ded	į			
i	the other resident's in	the home.					
!	services in accordance	failed to provide nursing with changes in Resid atus as evidenced by the	lent				
		t #1's record on July 1, / 10:00 a.m., revealed a	1			,	
!	riursing note; dated Ma a.m. written by LPN #1	ay 15, 2010, timed 8:00 . The nursing note refi					
	that Resident #1 " app lethargicFasting Bloc	ears to be weak and					
	and Respiration 18". T		P ₁				!

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	wanted to stay in bed that the nurse would econtinue to monitor the documented that the lamade aware of the result of the state of the result of the state of the	ain or discomfort, and The note also indicate encourage fluids and e resident. The nurse is liverage fluids and the resident's health status. The status is that the nurse provide monitor the resident. If Supervisor revealed curately assess Resident tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed tus. If Supervisor revealed that the resident mont feeling well. LPN # by taking her vital signing for that the resident appears at the resident appears to follow command and the estated that the resident erson, place and time. If then asked to define written in the grote. The nurse state resident would not get weak ". If that LPN#1/Supervisor assess Resident #1 as obtained from interview	ed I that int It io, I sared int I did up "	I 401			
	3. Interview with LPN#		that			!	

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	she failed to informed changes in Resident avidence by the follow Although the LPN#1/S Resident #1's vital sig follows: Temperature Respiration 18, Blood Sugar 268, she asses "lethargic, weak and it refused to get out of bechange in the resident facilities primary phys Further interview LPN acknowledged that she Coordinator (NC) of he physician. There was no docume physician was made at Resident #1's mental lethange in the resident #1. Continued face to face LPN#1/Supervisor indition adequate instruction Resident #1. Continued face to face LPN#1/Supervisor indition DCS staff to monitor RNC if Resident #1did in Further interview revealinstruct DCS on the fremonitor Resident #1.	facilities physician of #1 mental health status ving: Supervisor documented as and blood sugar we 97.06, Pulse 88, Pressure 138/80 and Esed the Resident as adicated that the Resided. "She failed to report's health status to the ician. #1/Supervisor e had informed the Nur er findings, but not the ware of the change in health status. ailed to provide appropons for DCS to monitor interview, revealed that cated that she instructed esident #1 and to call to ot eat or get out of bed aled that she did not equency of how often to	i that ire as Blood ent rt the rse	J 401	DEFICIENC		
	symptoms of hyper or I	nted evidence that the le DCS staff on signs an hypoglycemic reactions as as it related to Reside	or				

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	interview with the Nur revealed that she faile physician of changes health status as evided 1. The NC indicated a.m., on May 15, 2010 to inform her that Reswell and did not want was told that the residuated. Due to the reading, LPN #1/Superprescribed coverage for The NC did not inform LPN#1/Supervisor's fixed admitted that she informative there was no evidence resident to conduct here was no evidence at 11:00 a.m. on May DCS member. She was Resident #1 was fine. encourage water and juice because of here was no documented e phone call or instruction records. C. The GHMRP's nursensure accordance with Residented below:	ed to informed facilities in Resident #1 mental ence by the following: d at approximately 8:00 D, LPN#1/ Supervisor C ident #1 was not feeling to get out of bed. The lent's vital signs were sugar (per finger stick) relevated blood sugar envisor gave the routine for the elevated finger so the physician of indings; however, she med LPN#1/Supervisor on Resident #1. However that the NC visited their own assessment. If that she called the hout 15, 2010, and spoke with as told by the staff that She instructed the DC not to give the resident levated blood sugar. To vidence, however, of how to DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the DCS in the Residenting services failed to account in the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the staff that the st	alled g NC was ly tick. or ver, e me sith a S to here er ent			
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	approximately 5:30 p		.				
		h, upon the LPN's arriv					!
		vare that Resident #1 w					
		PN did not observe the					
		and proceeded to admi ent #2 and Resident #3		!			!
		eted the medication pas					Ì
		she went upstairs to ch					
i	on Resident #1. The		eck				
		that DCS #3 noticed a	at that				
		's bed sheets were soil					
:		S #3 informed the LPN					
		resident to soil her she					l
		medical attention. DCS		İ		•	İ
:		d DCS #2 help to ambu					
		throom for a sponge ba		i			
		t the resident could not					
	independently because	se of her unsteady gait.					
,		vs, both DCS #2 and #3					
ĺ		the resident and provid					1
		d from the bathroom. It					
·		this Resident had been					
		ting prior to this incider					i
		he resident 's vital sigr	าร				
·	and blood sugar, and	then called the Nurse					
İ	Coordinator (NC).						i
	2. During a face to f	ace interview with the I	Nuree				
	Coordinator (NC) on J		14136				1
		m., the NC indicated the	at				
		t the Resident 's condi					
	at 7:00 p.m. [the time	of 7:00 is not consisten	nt				
	with the GHMRP's inte	ernal investigation that	}	1			:
		e 6:00 p.m.]. The LPN					
,		Resident #1's physician					
Ì	because the Resident	refused dinner and					!
		vell. The NC indicated t					
		Resident's vital signs an					
		ture was 97.6, pulse 96	3,	1		•	i
		ressure 102/58 blood		İ			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	VCLIA BER:	(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE COMP		
IAME OF P	RDVIDER OR SUPPLIER		STREET ADD	DESC CITY OTATI	F 7/2 040-	07	<u>//02/2010</u>	
MARJUL			1639 ROXA	EET ADDRESS, CITY, STATE, ZIP CODE PROXANNA ROAD, NW SHINGTON, DC 20012				
(X4) ID PREFIX TAG	LEACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LISC IDENTIFYING INFORMA	; ;	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLI DATE	
	not report the Reside NC. The LPN indicates surveyors, that althous liquid brown stool, the independently to the to be in any distress. 3. The NC indicated by LPN #2, she contart physician and reported feeling well and refusionly stock the emergency roof there was no docume telephone order or NC physician. The NC and of the telephone discussion that the NC made arrates to be transported to the should be noted that the unsuccessful attempts primary physician.] 4. Interview with the the GHMRP's internal the NC made arranger wan to transport Reside froom. The NC was quast to her decision to transport as to her decision to transport as to her decision to transport as a decrease of 20 colood pressure. She residence was to her second pressure.	d be noted that LPN #2 ent 's unsteady gait to a ted, in her interview wit ugh the Resident had a e Resident walked bathroom and appeare d that after she was info acted Resident #1's ed that the Resident was ing to eat dinner. The ed that the Resident be m for evaluation. Howe winted evidence of the less could not recall the lassion with the physicial is no documented evide angement for the Resid e emergency room. [I here has been several is to interview the GHMI CMRP and the review investigation revealed in ments for the residentia ent #1 to the emergency estioned by the survey ansport Resident #1 to ng the residential vehicle while knowing that there degree in the Resident's esponded by saying, 1 when the Resident is	the h large h large d not cormed s not sent ever, e time n. ence ent t RP's of that I y ors the cle	I 401	DEFICIENCY			

Health	Regulation Administration	n				FOR	M APPROVED
	JT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB 09G221	CLIA ER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE S COMPLE	
NAME OF I	PROVIDER OR SUPPLIER		STREET ADDI	ECC CITY OF	ATE, ZIP CDDE	07/	02/2010
	. HOMES		1639 ROXA	NNA ROAD, DN, DC 2001	NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
I 401	Continued From page	21		I 401			
	Resident #1 was super during an acute medical during an acute medical form. After receiving the orders to transport the emergency room, LPN #1's evening medicated the NC to inform her the arrived to transport the Emergency Room. LPN who was working at an leave to transport the I staffing coverage. LPI she was leaving the G coverage so that the d transport the Resident without any management of the resident without any management intervention.	te physician's telephone Resident to the N#2 administered Residents. LPN#2 then contains the van driver had represented that the drawn and the Resident to the Resident until there was the provide the striver could leave to to the ER. She left the nursing or medical on to the staff as to he.	elent ected not river, not s nat taff				
ļ	sitting in a chair in her l revealed that the Resid as he needed the assis arribulate her to the var	bedroorri. He also lent 's gait was unstea tance of DSC #2 to	dy				
	the staff had to provide Resident in the van sea driver's observation and was slumped over as D escort her to the van.	assistance to position at. DCS#3 confirmed the added that the Reside	the ne				
	 The van driver indiction in the riction in the riction in the riction in the riction in the resident, needed to driver and hospital persithe van to the wheelcha 	t approximately 9:11p.r	n.,				

Health F	Regulation Administration	on				FO	RM APPROVED	į
	IT OF DEFICIENCIES OF CORRECTION	(X1) PRDVIDER/SUPPLIER/ IDENTIFICATION NUME 09G221	CLIA BER:	(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPL	.ETED	-
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	FE ZIR CODE	07	/02/2010	_
MARJUL			1639 ROXAI	NNA ROAD, N DN, DC 20012	w			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	_
401	revealed that the Resover in the wheelchaidrooling from her mouverbal or painful stimul placed in code room a pulse was not detected Resuscitation (CPR) where the code room placed in the code room placed in the code room placed in the code room placed to the code room placed was started." 5. It was further reveat 9:27 p.m. and stopp document entitled "Code room placed in the code room p	ident presented slumper; with blood tinged von ath and not responding ali. The Resident was and on a cardiac monitored. Cardiopulmonary was started. int/quote "Staff reports has nausea, vomiting a a". Also the triage nurse ag triage he was unable or pulse. Patient was rued on the monitor and contact and the state of the triage that CPR was initiated at 9:51 p.m. per a code Blue Form".	or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A or. A	I 401				
	brought in by van without 3523.1 RESIDENT'S REACH GHMRP residence that the rights of reside protected in accordance chapter, and other applicable. This Statute is not met Based on observation, review, the Group Hom Retardation (GHMRP) for residents were observations.	but pulse. " EIGHTS The director shall ensure into are observed and e with D.C. Law 2-137, licable District and feden as evidenced by: interview and record of for persons with Meniailed to ensure the right.	this ral	500				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 09G221	R/CLIA /IBER:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION G	(X3) DATE COMPL	
VAME OF P	ROVIDER OR SUPPLIER	1 00012	STREET A	DDRESS, CITY, STA	ATE 710 AGDE	07	/02/2010
MARJUL	HOMES		1639 RO	XANNA ROAD, GTON, DC 2001	NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
 -	accordance with D.C and other applicable five of five clients incl #1, #2, #3, #4, and #3. The finding includes: 1. § 7-1305.10. Mistre prohibited; use of rest procedures [Formerly (e) Alleged instances abuse of any customer immediately to the Dirinform the customer's who petitioned for the customer's mental retr such instances. There that the allegation has promptly investigated therein). Employees of instances of mistreatm not be subjected to ad because of the report.	Law 2-137, this chap District and Federal La luded in the survey. (0.5) eatment, neglect or ab traints; seclusion; "time of 6-1970] of mistreatment, neglect or shall be reported rector and the Director of counsel, parent or guardation advocate of a shall be a written reported been thoroughly and (with the findings states of facilities who report shent, neglect, or abuse everse action by the factories action by the factories with the findings states of facilities who report shent, neglect, or abuse everse action by the factories with the findings states of facilities who report shent, neglect, or abuse everse action by the factories with the factories with the factories with the factories with the factories with the severity and provide timely and revices and the severity and the severity and the severity and the federal Deficiency	aws for Clients use ect or shall ardian ny ort ed uch shall cility	1 500	See W 105-a		7-27-10